

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CAMPAIGN MONEY WATCH

(b) Address (number and street) ☐ check if different than previously reported

1320 19TH STREET NW SUITE M-1

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000160

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

(b) Communication Title Clout

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Gail Gomez

(b) Address (number and street)

c/o Campaign Money Watch

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Public Campaign Action Fund

(e) Occupation

Office Manager

9. Total Donations This Statement

500000.00

10. Total Disbursements/Obligations This Statement

500000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

David Donnelly

SIGNATURE Electronically Filed by David Donnelly

DATE 10/29/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	David Donnelly		
	(b) Address (number and street) c/o Campaign Money Watch 1320 19th Street NW, Suite M-1 1320 19th Street NW, Suite M-1		
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Public Campaign Action Fund		Director, Campaign Money Watch project

Image# 28993086276
SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor

American Federation of State County and Municipal Employees

Mailing Address of Donor

1625 L Street NW

City

State

Zip

Washington

DC

20036

Date of Receipt

M M
1 0

D D
2 8

Y Y Y Y
2 0 0 8

Amount

500000.00

Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

500000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

500000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee MacWilliams Kirchner Sanders and Partners				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8</div> </div>	
Mailing Address of Payee 1660 L Street NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500000.00</div>	
City State Zip Code Washington DC 20036		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8</div> </div>			
Name of Employer Occupation n/a n/a		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Production/placement of TV ad Clout					
Name of Federal Candidate Mitch McConnell		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: KY District: _____ Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				<div style="border: 1px solid black; padding: 2px; text-align: right;">500000.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">500000.00</div>	